

federal legislation to guarantee protections such as full information about their conditions and treatment options, a list of benefits and costs, as well as access to specialists.

But when folks were asked how they feel about their own health plan, an April survey by the Employee Benefit Research Institute showed that 53 percent of respondents were extremely or very satisfied with their health plan. And in a November 1997 Kaiser/Harvard survey, 66 percent of Americans in managed care plans said they would give their own health plan a grade of A or B. Such mixed results are more reason to approach any debate of federal mandates with the greatest degree of caution.

What would the polls show if people were asked about additional costs? What would the polls show if changes could eliminate being able to see a doctor at all?

I will talk in a minute about the frontier, the rural, aspects of that.

Yes, another factor that has produced mixed results is the cost of each of these bills. I've seen estimates for a number of pending bills that could raise the price of premiums by at least 2.7 percent all the way up to 23 percent. Why aren't the people being polled about that? I don't believe that you can get quality out of any bill that forces people not to purchase insurance. We'd essentially be driving people away from coverage, not toward coverage. This is why cost estimates for the different proposals are vital. But with mixed results like this, I'm not about to assume that my constituents—who budget their incomes on a day to day basis—will swallow any additional price increases that federal mandates could create.

We are always asked that we not judge a book by its cover. Well, don't judge a bill by its title. The devil is in the details. Or, as we accountants like to say, the numbers should make us nervous, or the numbers should show the nightmare.

Aside from the morass of misleading information pertaining to this issue, I also have serious reservations about any legislation that would dismantle traditional state regulation of the health insurance industry. While serving in the Wyoming State Legislature for 10 years, I gained tremendous respect for our state insurance commissioner's ability to administer quality guidelines that cater to the unique type of care found in Wyoming. That is critical. I firmly believe that decisions which impact my constituent's health insurance should continue to be made in Cheyenne—not Washington.

I cannot emphasize how important it is to consider demographics when debating health care. Wyoming has 465,000 residents living within 97,000 square miles. That is living in a State that is 500 miles on a border. We are one of those square States that couldn't exist if somebody hadn't invented the square. There are 99,000

square miles with only 465,000 residents. The State has an average elevation exceeding 4,000 feet. We have high altitude and low multitude.

Most communities have a higher altitude than population. In fact, if you look at one of the Wyoming roadmaps, you will find a list of about 150 cities. We call them cities out there. If you look at the population following the name of the city, you will see that half of them have no population at all. They are a place where the ranchers come to pick up their mail. Even the Postmaster doesn't live in the town where the Post Office is. It is a long way between towns. I live in the sixth largest town in the State. It is 135 miles to the next biggest town—135 miles. The town I am from has 22,000 people. The biggest city in Wyoming is 50,006. We don't have that much population. We have a lot of miles. It is tough to get to doctors.

It's in those conditions that my constituents have to drive up to 125 miles one-way just to receive basic care. Moreover, we have a tough enough time enticing doctors to come to Wyoming, let alone keep them there once their residency is finished. Even more troubling is the limited number of facilities for those doctors to practice medicine in Wyoming. Let me just say that if you don't have doctors, or facilities for them to practice in, you sure don't have quality health care.

We have even talked here about an overabundance of doctors in parts of the country. In Wyoming, we wish for that affliction.

The majority of bills now pending consideration in the House and Senate are primarily geared to overhauling managed health care plans. In a rural, under-served state like Wyoming, managed care plans account for a very small percentage of state-wide health plans and services currently available. This is partly due to the state's small population. Managed care plans generally profit from high enrollment, and as a result, the majority of plans in Wyoming still remain fee-for-service. In terms of legislation, however, this doesn't make a bit of difference. Many fee-for-service insurers in my state also offer managed care plans elsewhere. Those costs could be distributed across the board. Is it fair for the federal government to force my constituents to pay for a premium hike that's caused by federal mandates on managed care? The availability and cost of care for 465,000 rural frontier residents may not mean much to some folks, but it sure means a great deal to me.

Is this a problem that can be fixed from Washington? I certainly don't believe so. People from Wyoming understand that life in our state is much different than in California or New York. A one-size-fits-all policy doesn't help states like Wyoming, it only excludes them further from obtaining the type of care they deserve. I encourage my colleagues to look at the fine print when considering legislation in the

coming days. You just might agree that getting quality out of some of these bills is like trying to squeeze blood out of a turnip. And we'll want to spend some time talking about whose blood!

Thank you, Mr. President.

I yield the floor.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

#### AZORES EARTHQUAKE

Mr. KENNEDY. Mr. President, I want to bring to the attention of the Senate a rather tragic set of circumstances that has taken place in the Azores in the last several hours.

Some 1,500 minor aftershocks hit the Azores last night after a strong earthquake struck the islands, killing 10 people, with very severe damages to the island of Faial in the Portuguese mid-Atlantic archipelago. There are many individuals sleeping out in the open, in the parks, and in their cars, to avoid the risk of being caught inside of a building if another quake should strike.

The impact of that was 5.8 on the Richter scale, which is a very, very sizeable earthquake.

As I mentioned, there have been some 1,500 aftershocks. And the terror and loss that has struck the people in that island and in that archipelago is a great human tragedy. Obviously, the people of the United States want to reach out to all of those islanders and all of the people and families who have lost loved ones and those who are suffering injury.

I know that the United States will do what it can in terms of help and assistance to the people and to the Portuguese Government, particularly people on those islands, and we will want to give whatever humanitarian help and assistance that we can.

This happened a number of years ago. Some 40 years ago I can remember those circumstances, and I think many of us in Massachusetts who are fortunate to have families and friends who have families in the Azores and from the island of Faial, know that they are suffering greatly today, and it is appropriate that we take whatever steps, as a country, to help and assist them. In the meantime, our thoughts and prayers are with all the people of the Azores.

#### THE PATIENTS' BILL OF RIGHTS

Mr. KENNEDY. Mr. President, on another item, I want to just take a few moments to bring the Senate and those who are watching up to date about where we are on our battle for debate and discussion on the issue of the Patients' Bill of Rights.

As we have pointed out, that issue, which is of fundamental importance to the American people, is a rather basic and fundamental issue. It comes down to this very simple concept—that medical decisions ought to be made by doctors and patients and not by insurance

agents, and that too often in America today managed care means mismanaged care. We have a responsibility to address the abuses that are taking place in our health care system.

That is what this whole discussion is really all about. Those of us who believe these issues are important have been denied the opportunity to address them. Some of us have introduced and supported legislation to address these abuses more than 1½ years ago, and, more recently, we have done so with the excellent bill that our leader has provided, Senator DASCHLE. We are in strong support of it. We have been trying to get time to debate that issue here on the floor of the U.S. Senate. We were blocked out of consideration in our committees. We were blocked out of consideration of even getting legislation on the calendar. We have been blocked out of consideration here on the floor of the U.S. Senate, and we have been resolute in our determination that this issue would be debated and discussed and acted on in this session.

We have seen, I think, as of yesterday, a list of so-called principles from our Republican leadership on their version of a Patients' Bill of Rights. I will just take a moment or two to reflect on their particular principles, and the hollowness of their commitment to meaningful rights will be clear.

I ask unanimous consent to have printed in the RECORD at the conclusion of my remarks their complete document, the Republican Health Care Principles.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See Exhibit 1.)

Mr. KENNEDY. Let me just go through them very quickly. This is on page 1.

Republicans believe all consumers have the right to: Receive accurate, easy-to-understand information about what their health plans provide, including information about out-of-pocket expenses and information about health care providers.

Then, if you read through the pages of their document and go to the last page, it talks about the information that will not be provided; that is, it lists, for example, that insurance plans will not have to provide information on treatment outcomes. They will not have to provide information on patient satisfaction. They will not need to report on the quality of the care they deliver. It seems to me that consumers ought to understand the satisfaction level of patients in a particular HMO. It seems to me that we should also have an opportunity to know the outcomes of various treatments in various insurance plans.

So, on the one hand, you see on page 1 various information is going to be made available. Then you turn around on page 3 and it lists all the things they are not going to provide, including many of the essential elements that every consumer group and every

patient group and every employer understands are essential if patients and consumers are going to be able to make informed judgments on their health care.

Now, returning to the Republican leadership's list, it goes on to say that consumers should be able to "hold their health plans accountable through a fair and expeditious appeals process." That sounds good. But, the word that should have been in there is "independent." Patients need an independent appeal process. What does "a fair and expeditious appeals process" mean? If they had said it will be "independent," or to an "external body review for fair and expeditious appeals"—then we would be on our way toward agreement on something. But, oh, no, this again refuses to be specific or even indicative that patients will have fair-minded, independent, outside external review and accountability.

Furthermore, the so-called principles say consumers will be permitted to "communicate openly with their doctors about their treatment options." That sounds like we are lifting the gag rules, like this list might include lifting the gag rules that still exist in some HMOs. But, the fact is that most HMOs and insurance plans have the ability to fire doctors without cause. And they also have the ability to make financial arrangements with doctors, and those financial arrangements can be adjusted and changed by the HMO, to discourage provision of necessary medical care. So, while it sounds good to say you are promoting open communication, unless you are also going to guarantee that doctors can practice medicine unfettered by the insurance companies' accountants, you are really not doing very much. It might sound good, but in fact it is not doing very much. This is really a very, very weak commitment.

Then their list goes on. The consumer should:

Know that their medical care is based on the best scientific information available, not on political considerations.

Patients need and deserve the best health care treatment. They are not worried about the political considerations. They are worried about the financial considerations—profit considerations of insurance companies—that drive medical decisions. Do we understand this? Our Republican colleagues do not even commit in their statement that they are going to have the decisions involving health care being made by the doctors on the basis of health considerations. All they say is they will have it "not on political considerations." They don't eliminate the clear, fundamental problem driving this debate, which is that health treatments are being based on the financial considerations of the insurance companies.

The Republican leadership's list continues. Consumers should have:

Access to their medical records and the right to know that their medical informa-

tion will be used only to provide better health care.

This would suggest privacy protections. This is very interesting. Senator LEAHY, our colleague from Vermont, has been a leader in this whole area. He introduced a bill more than a year ago, which I have cosponsored, and we can't get the majority to report out a bill in our committees, either in the Judiciary or in our Labor and Human Resources Committee, or get the Republican leadership to be willing to schedule it on the floor. Here they are, talking about all the kinds of guarantees in terms of privacy, but they have historically been unwilling to address it in a meaningful way.

Mr. President, just before the Fourth of July recess Speaker GINGRICH issued his principles. The Gingrich plan fails in three very important areas. First, it refuses to commit the Republican leadership to HMO reform that says that medical decisions will be made on the basis of medical concerns rather than insurance company concerns. Second, it does not guarantee access to specialists. What person in this Chamber would want to have either his wife or child who had been stricken by cancer be denied immediate access to an appropriately qualified oncologist or pediatric surgeon who can provide the best in terms of treatment? The Gingrich proposal simply does not provide the kind of guarantee of specialist access which is critically important for protecting consumers.

Third, it does not provide the ultimate protection of accountability. This will be an issue we will debate here. I cannot wait to find out how the Senate is going to vote on the issue of accountability. Just last month, the Senate voted by two-thirds that we were going to still hold the tobacco industries accountable for their actions. Are we going to reverse that with regards to the insurance companies on health care? Why can't our Republican leadership say, at least on that issue, given where the Senate has voted on tobacco, that we believe that the insurance industries that are dealing with health care also should not be free from liability? Why? Because the Republican leadership is in the pockets of the special interest groups who fear being held accountable for their actions. I would like someone to explain the inconsistency of this position, given the recent vote on immunity for tobacco companies. How can they oppose holding accountable those whose abusive actions can result in immediate injury or death? Who is going to look out after that? Mr. President, we want to make sure we are going to have accountability and that it is going to be an essential issue we are going to debate.

I call this Senate Republican proposal "Gingrich Lite." Gingrich Lite. They don't even go as far in the Senate as they went in the House of Representatives, which was lacking.

Finally, the Republican leadership's principles fail to meet the following

very basic considerations and protections. I am waiting for Republicans to describe why they are opposed to any of these protections. I will just mention them again very quickly.

Patient information—it is interesting, as we list all of these protections in this particular chart, to note where we got these recommendations from.

In each and every case of protections that are guaranteed in the Patients' Bill of Rights, they have also been recommended either by the President's recent quality commission, which was a blue-ribbon non-partisan group of experts, or they have been in effect for a number of years under Medicare, or they have been recommended by the States' insurance commissioners, which is a bipartisan group, or it has been recommended by the American Association of Health Plans, which is the HMO trade association.

If you look down at guarantees that are included in our Patients' Bill of Rights, you will see that they have been recommended or been in effect for a number of years. This is a commonsense—commonsense—proposal based upon thoughtful consideration of the types of rights that are currently being guaranteed to many, but not all, Americans.

Mr. President, we welcomed the opportunity this week to have the measure before the Senate. It was there very, very briefly, but quickly taken away by the Republican leadership. No debate. No discussion.

This issue is a priority for the American people, and, even though we have only 44 days left in this Congress, we are going to be resolute and committed to bringing this issue up so that we in this body are going to be able to debate these matters on the floor of the U.S. Senate and vote to provide patients across the country with meaningful protections.

There are 44 days left, Mr. President, in order for us to take action—44 days left. Today is July 10. There are 44 days left to debate this issue and to take action, and the American people deserve action, and they will receive it, because we are strongly committed to it. I yield the floor.

#### EXHIBIT 1

##### REPUBLICAN HEALTH CARE PRINCIPLES

Republicans will demand that HMOs play by the rules and provide access to patient-centered care. Many consumers fear that their health care plans will not give them access to care when they need it most, that they will be denied the benefits they've paid for and been promised, and that their health plans care more about cost than they do about quality. These are real fears of unacceptable conditions and HMOs must do better.

Republicans believe that all consumers have the right to:

Receive accurate, easy-to-understand information about what their health plans provide, including information about out-of-pocket expenses and information about health care providers;

Receive the benefits they have paid for and been promised;

Hold their health plans accountable through a fair and expeditious appeals process;

Communicate openly with their doctors about their treatment options;

Know that their medical care is based on the best scientific information available, not on political considerations; and

Access to their medical records and the right to know that their medical information will be used only to provide better health care.

Republicans support expanding health care coverage to more Americans by enhancing its affordability. We will not adopt legislation that will make health insurance more costly or drive businesses—especially small businesses—to drop coverage of their employees. While CBO has not completed its analysis of PARCA or the "Patients Bill of Rights," a 1997 Millman and Roberts study of PARCA found that the legislation would increase health care premiums by an average of 23 percent. To the average family, that's an annual premium hike of \$1,220, or more than \$100 per month. That study, significantly, did not take into account the additional costs that would be imposed by the liability provisions.

Higher health care costs mean more uninsured people. According to a 1997 study by Lewin, for every 1 percent increase in premiums, 400,000 people lose their health insurance coverage. Congress should not pass legislation that would cause hundreds of thousands and perhaps millions of people to become uninsured.

Republicans believe in expanding choice. We will not force every American into an HMO. Extensive new federal requirements included in the so-called Patients Bill of Rights will force all health plans to resemble HMOs. Ironically, many of the bills which claim to expand choice actually would limit choice. Rather than expanding regulation and forcing a "one-size-fits-all" approach to health care, Congress should focus efforts on reforming the tax rules which limit and in some cases prohibit consumer's choices.

Republicans believe that health resources should be used for patient care, not to pay trial lawyers. Medical malpractice laws have led doctors to practice defensive medicine, making health care more costly without improving patient outcomes. Expanding malpractice liability will exacerbate these problems. Moreover, health plans are likely to micromanage clinical decisions in order to protect themselves against costly lawsuits. Congress should not pass legislation on the assumption that people can sue their way to health care quality.

Republicans believe the private sector is more capable of keeping pace with the rapid changes of health care. The government is not the best caretaker of health care quality. Republicans agree with leading physicians such as Dr. Bob Waller of the Mayo Clinic, who warned that increased federal regulation of health care quality, by freezing in place standards that will quickly become obsolete, will actually diminish the quality of care that patients receive. Who also agree with the approach taken by the President's own hand-picked Commission on Quality which did not recommend legislation or regulation. Instead, the President's Commission—which he has conveniently disavowed—recommended voluntary implementation of consumer protections.

Republicans believe consumers have the right to a health system driven by the best scientific evidence available—not one hamstrung by political considerations. Congress should not practice medicine. Over the past several years, Congress has imposed a number of "body part" mandates on health insurance plans. These mandates, though well-intentioned, are often misguided. For example, the Journal of the American Medical Association last year published a study which concluded that maternity length-of-stay requirements do not improve health outcomes for mothers or their babies and may do more

harm than good. Congress should not magnify and repeat past errors by imposing new body part mandates on health plans.

The federal government should focus on a system which will give providers and physicians more time with patients and less time on paperwork. Bills that impose extensive information disclosure requirements on health plans will force those plans to impose extensive paperwork requirements on providers. Instead of simply filing claims information with insurers—as providers in fee-for-service and PPOs do—doctors will have to supply insurance companies with information about their patients, the care their patients receive, treatment outcomes, and patient satisfaction, among other things. This will require doctors to spend more time filling out forms and less time treating their patients.

Republicans will not politicize or simplify an issue as important as health care quality. Many on the other side are willing to jeopardize insurance coverage for millions of Americans for a political "slam dunk." Republicans will not exploit the fears of Americans in order to enjoy a political victory. The issues surrounding the quality of our nation's health care deserve to be debated responsibly and cautiously. We will not pass legislation which increases the number of uninsured, makes health care unaffordable, and diminishes rather than enhance health care quality.

Mr. BUMPERS addressed the Chair.

The PRESIDING OFFICER (Mr. ROBERTS). The Senator from Arkansas.

Mr. BUMPERS. Mr. President, rather than ask later, let me ask now. I ask unanimous consent that I be able to proceed for up to 15 minutes.

Mr. WARNER. Mr. President, reserving the right to object, can I ask what the standing order is.

The PRESIDING OFFICER. The standing order is 10 minutes.

Mr. WARNER. I certainly want to accommodate the Senator, but there are others of us who are waiting. If that is what the Senator desires, then I withdraw the objection. But knowing my dear friend—15 minutes, fine. I thank the Chair.

The PRESIDING OFFICER. Without objection, it is so ordered. The Senator from Arkansas is recognized.

Mr. BUMPERS. I thank the Chair.

(The remarks of Mr. BUMPERS and Mr. WARNER pertaining to the introduction of S. 2289 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

(The remarks of Mr. WARNER and Mr. FORD pertaining to the introduction of S. 2288 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER. The distinguished Senator from North Dakota is recognized for up to 10 minutes.

#### SUDAN'S FAMINE

Mr. DORGAN. Mr. President, in the Washington Post this week there was an article entitled "Sudan's Famine Overwhelms Aid Effort." I want to read a couple of sentences from this article, because I was struck by the concurrence of what I read about what is happening in Sudan and what I know is